## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist(s) Donald Baldini

PLEASE PRINT

NEW HAMPSHIRE PARTMENT OF STATE

	• • • •		· · · · · ·	DEPARTMENT
II. Name of lo	hhyist's partnership, firm or c	orporation, if any:		
Liberty M	lutual Insurance			
	(Name of partnership, firm or co	rporation)		
175	Berkeley Street	Boston	MA	02116
Business Addres	ss: (Street)	(Town/City)	(State)	(Zip Code)
, 617-	·574-5867		donald.hald	ini@libertymutual.com
(Tele	-574-5867 phone) ( )	(Fax)	C-man	
	ment covers: (Choose one – file pense transactions which are n			file a separate report for
All reporta	ble transactions occurring in the	months prior to the re	porting date relative to the	following client:
	futual Insurance			
	(Full Name of Client as it	appears on the Lobbyisi	Registration Form)	
<u>OR</u>				
	ole transactions by the lobbyist (i y particular client.	ncluding the lobbyist	s family), or the lobbying f	īrm listed below which are
IV. Date of Report April 25, 2018			July 25, 2018 🛘	
Reports cover:	activity from date of registration	1 to 3/3 1/18 act	ivity from 4/1/18 to 6/30/18	
	October 31, 2018 🗸 activity from 7/1/18 to 9/30	V18 ac	January 30, 2019 tivity from 10/1/18 to 12/31/16	8
	ve been no fees received and necked, complete just this form at 03301.			
VI. Check if a	dditional reports are attached:			
	e received fees or made expendit		Idendum A – Fees and Exp	enses ·
•	e paid an honorarium or reimbur	· ·		
☐ If you, you	ır firm, or your family has made	political contributions	, you must file Addendum	C- Political Contributions
I have read RS. and complete to	nent/Affirmation by Lobbyist A 15, RSA 15-B, RSA 14-C and the best of my knowledge and Od 7- Mollim			
(Signature of I			16 - 30 - 2 (Date)	,
· •	•		· ·	
	<u> </u>	<del></del>		
Donald B	Baldini		(Date)	